



An Introduction to Your Child's

Peripherally Inserted Central Catheter (PICC)

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CHILDREN'S HOSPITAL

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Why does my child need a PICC?

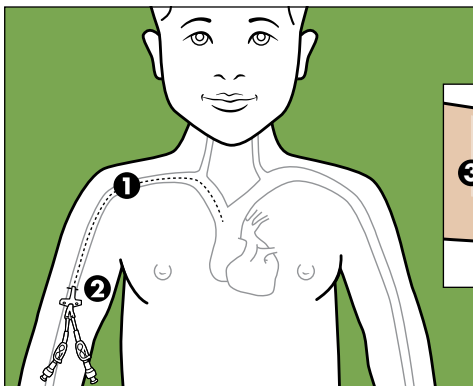
- To decrease the number of times your child is poked with a needle
- To administer medications and fluids into a large vein
- To draw most blood samples

What is a PICC Line?

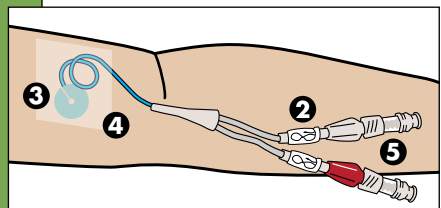
- A long IV line usually placed into your child's arm
- Placed by specially trained nurses or doctors
- Can stay in place until your child's medical treatment is finished
- Your child may need sedation to place this type of line

Parts of a PICC line:

- The inside of the **1 catheter** is a long flexible tube placed into a large vein leading to the heart.
- The catheter comes out of your child's body (at the exit site). This is usually in your child's arm. The part that sits outside of the body, may have one or two smaller tubes (called **2 lumens**). If your child has a double lumen catheter, different medications, fluids, or blood products can be infused at the same time. Outside of the body it looks like two lumens that connect into one before entering the body. However, it is two separate tubes and there is no connection between the two lumens.
- A medicated disc (**3 BIOPATCH®**) is placed over the insertion site to prevent bacteria from entering the body.
- A clear, plastic **4 dressing** is placed over the catheter. The dressing helps to prevent infection and keep the catheter in place.
- There will be a removable **5 cap** that medications and fluids are administered through. There may be an extension tubing on the catheter.



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Example of inside a double lumen PICC



After the catheter is placed:

- It is normal to have a small amount of bleeding/bruising at the catheter site.
- Your child's arm may be a little sore for one or two days.

Care at home:

- Cap changes and dressing changes will be done weekly by a home health nurse.
- The cap remains in place at all times and is changed every 7 days.
- The dressing should be changed every 7 days or as needed.
- The catheter must be flushed with an anticlotting medicine (heparin) once a day and after each use.
- Flushes can be done by family members who have been trained on how to flush the line.
- You may be provided with a covering or sleeve that helps keep the catheter tucked away and protected from being accidentally pulled out.

To prevent infection:

- Bacteria and germs can enter the bloodstream through the line if the dressing and skin is not kept clean and dry.
- If dressing or BIOPATCH® gets wet, or starts to peel up, please ask your provider to change it. This is a sterile procedure and should only be done by trained professionals.
- Cover the entire dressing and catheter tubing with waterproof wrap before your child takes a shower.
- Keep your child's arm dry at all times.
- Do not allow your child to swim or soak their arm in water.

Daily Flushes

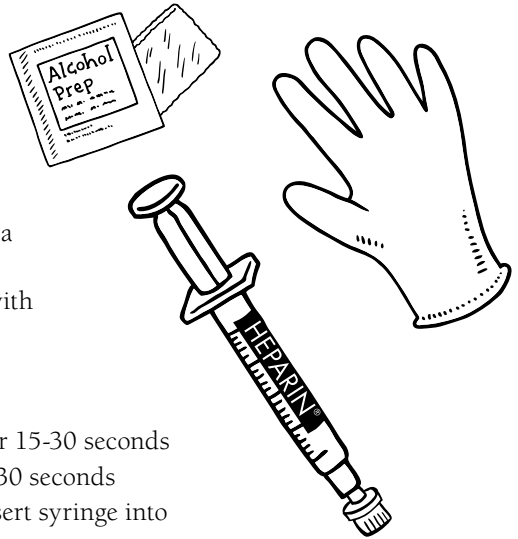
- Heparin is used to prevent blood from clotting in the catheter.
- When not in use, each lumen must be flushed through the cap every day with a medication called heparin.
- If IV medications are given at home, the PICC must be flushed after every use.
- If the catheter has two lumens, each lumen needs to be flushed.

Supplies

- Gloves, if provided
- Alcohol swabs
- Syringe pre-filled heparin

Procedure

1. Gather equipment and prepare a clean work area
2. Wash your hands thoroughly with soap and water
3. Open packages
4. Put on gloves
5. Scrub cap with alcohol swab for 15-30 seconds
6. Allow alcohol to air dry for 15-30 seconds
7. With catheter still clamped, insert syringe into center of cap
8. Release clamp and inject with heparin using push-pause method.
9. Reclamp catheter, remove the syringe, and dispose in appropriate container
10. Repeat steps 5-9 with new supplies for second lumen
11. Secure catheter



Do not force the syringe when flushing. If you can't flush easily, see "troubleshooting" section, pages 6-7

Important Points

- Be sure your child's teachers, school nurse, and PE teacher know about the PICC.
- Periodically check the catheter for any cracks or signs of damage.
- Always carry extra caps, clamps, and dressing supplies.
- Do not use supplies if they fall on the floor.
- Do not use sterile parts that have been accidentally touched.
- Do not use medications if they are out of date or if seals are not intact.
- Children may resume most usual activities. No roughhousing or contact sports. Talk with your doctor for more specific instructions.



It is important that any doctors or nurses taking care of your child know that your child has a PICC. This is especially important if your child is being seen in another clinic or emergency department.

Who to call for help:

Clinic: _____

Home Health Nurse: _____

Advice Nurse: _____

Hospital: _____

Doctor: _____

Doctor/Nurse who is responsible to order line supplies to be used at home and to manage routine flushing:

Supplies come from: _____

Line will be flushed daily by: _____

Catheter information:

Company: _____

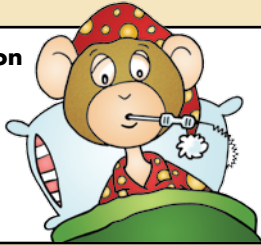
Model number: _____

Size _____ French

For additional copies of this book, please visit Patient and Family Education A-Z at: **children.ucdavis.edu**



Troubleshooting

Signs and Symptoms	Possible Problem	What to Do	How to Avoid
Leaking of fluids, hole or break in catheter	Break or cut in catheter	<ol style="list-style-type: none"> 1. Clamp the catheter (with smooth clamps) between the child and the break 2. Cover the break with sterile gauze and tape to arm 3. Notify your home health nurse or doctor immediately and bring your child to the hospital 	<ul style="list-style-type: none"> ■ Make sure catheter is looped and secured at all times ■ Avoid pulling or tugging on the catheter ■ Never use scissors or sharp objects near the catheter ■ Never use excessive force to flush the catheter
Unable to flush catheter with normal pressure	Clot or kink in the catheter	<ol style="list-style-type: none"> 1. Do not force fluid into the catheter 2. Make sure there are no kinks or twists along the catheter or under the dressing 3. Make sure the catheter is unclamped 4. Pull back on the syringe gently to draw back blood. If blood is visible, attempt to flush again 5. If unable to flush the catheter, clamp the catheter and call your nurse or doctor immediately 	<ul style="list-style-type: none"> ■ Make sure to flush with heparin at least once a day ■ Flush with heparin after each use ■ Use push-pause method to flush
<p>Fever, chills, fatigue or a decrease in activity</p> <p>Swelling, warmth, tenderness, redness, oozing, odor or drainage at the exit site</p> <p>Pain or swelling along catheter tract or pain while flushing the catheter</p>	Infection 	<ol style="list-style-type: none"> 1. Call your doctor or nurse immediately 	<ul style="list-style-type: none"> ■ Wash hands before beginning any care with catheter ■ Inspect catheter site frequently ■ Avoid contact with people who are ill ■ Keep tubing away from diaper area
Swelling under the skin of the arm, neck, face and/or shoulder	Internal problem with catheter	<ol style="list-style-type: none"> 1. Stop infusion into the catheter 2. Call your doctor or nurse immediately 	<ul style="list-style-type: none"> ■ Inspect catheter and skin during flushes, dressing changes and cap changes
Catheter not in body or blood on the dressing or clothing	Accidental removal of catheter	<ol style="list-style-type: none"> 1. Don't panic 2. Apply pressure to site with a sterile gauze 3. Place the child in a sitting position 4. Notify your doctor immediately and come to the hospital 5. Save all the parts for examination 	<ul style="list-style-type: none"> ■ Make sure the catheter is looped and secured at all times
Shortness of breath or complains of chest pain	Air in the catheter	<ol style="list-style-type: none"> 1. This is an EMERGENCY! 2. Clamp the catheter immediately, lay the child down on their left side and keep calm 3. CALL 9-1-1 	<ul style="list-style-type: none"> ■ Always clamp catheter before removing cap ■ Keep catheter clamped when not in use ■ Make sure cap is always screwed securely onto catheter



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